

2700 INTERNAL TRANSFER REQUEST FORM N.

02/01/95

DATE: <u>11/19/2001</u>	FROM: <u>Ellis, K</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>Z184</u>	<input type="checkbox"/> (check box)
B. Class: <u>714</u>	<input type="checkbox"/> (check box)
C Subclass: _____	<input type="checkbox"/> (check box)
D. See Claim(s): _____	_____

FURTHER EXPLANATION IF NEEDED:

Fall over to backup device when main device fails

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	<input type="checkbox"/> (check box)
B. Class: _____	<input type="checkbox"/> (check box)
C Subclass: _____	<input type="checkbox"/> (check box)
D. See Claim(s): _____	_____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
[REDACTED]	<input type="checkbox"/> (check box)
	<input type="checkbox"/> (check box)
	<input type="checkbox"/> (check box)
D. See Claim(s): _____	_____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	<input type="checkbox"/> (check box)
B. Class: _____	<input type="checkbox"/> (check box)
C Subclass: _____	<input type="checkbox"/> (check box)
D. See Claim(s): _____	_____

FURTHER EXPLANATION IF NEEDED: